



U.S. SENATE COMMITTEE ON

# Finance

SENATOR CHUCK GRASSLEY, OF IOWA - CHAIRMAN

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For Immediate Release

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## Grassley Urges Continued Effort to Improve Medicare Home Health

WASHINGTON – Sen. Chuck Grassley, chairman of the Committee on Finance, today urged the Department of Health and Human Services to abandon a proposal to stop collecting data on the quality of care offered to individuals with private insurance who are served by home health agencies. Grassley said the continued data collection is important to ensure that Medicare-covered home health patients get the same quality of care as those with private insurance.

Today, the Administration announced the first phase of its home health care quality initiative.

The text of Grassley's letter to Health and Human Services Secretary Tommy Thompson follows.

May 1, 2003

Mr. Tommy Thompson  
Secretary  
Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Mr. Secretary:

As you know, I have a long-standing interest in assuring that Medicare and Medicaid beneficiaries receive the highest quality health care from all providers. I compliment you and CMS Administrator Tom Scully for taking steps to initiate public reporting of quality measures in several health sectors – nursing homes, home health, and hospitals – that help beneficiaries and their families find the best care for their needs.

Recently, however, I have become aware that the Department of Health and Human Services is considering discontinuing patient assessments of individuals with private insurance through the OASIS patient assessment instrument used by home health agencies. I am troubled by this policy and how it might interact with your goals to report quality measures for the Medicare program.

I believe that home health agencies should have the tools to improve quality for all the patients they serve, just as your quality initiative for nursing homes requires the collection of assessment data from private pay patients. Monitoring the quality of care furnished in an individual's home is particularly challenging with so much variation in conditions, compared to an institutional setting, such as a nursing home or a hospital.

The requirement for OASIS assessment for all patients served by a Medicare-certified agency is in the home health Conditions of Participation (COPs), which require home health agencies to evaluate patients and establish care plans. Indeed, at the inception of the program in 1965, lawmakers wanted Medicare beneficiaries to receive the same quality of care as private pay patients. In OBRA 1987, Congress mandated that Medicare monitor the quality of care provided to all individuals served by home health agencies and nursing homes with standardized patient assessment instruments. Over time, these instruments have raised the quality bar for all patients – and even more so with your quality initiatives.

On a broad level, I believe that the COPs should apply to all patients. For example, Federal surveyors routinely investigate hospitals to ensure that appropriate systems of care are in place so that tragic events, such as the transplant problem at a major teaching hospital, are not repeated.

Administrator Scully has taken several promising steps in the past year to streamline the OASIS patient assessment process, making the instrument less burdensome and administering it less frequently. Additionally, CMS has had a Technical Expert Panel (TEP), comprised of representatives of home health agencies, researchers and consumer groups, examining the OASIS instrument since July 2002. I understand that the final report contains a recommendation to include data from private pay patients in the quality improvement reports to the home health agencies. I also am aware that, until recently, CMS (and formerly HCFA) had been unable to ensure the confidentiality of data provided by private pay patients, but now has the technology to encrypt the data appropriately. This barrier removed, CMS should begin collecting and analyzing data submitted by private patients in the OASIS format to use in its quality improvement activities.

Simply stated, we both agree that consumers should have public access to data on provider quality. I am disappointed that you would consider acting against the recommendation of your own technical expert group when you are announcing a new home health quality initiative. Please do not diminish the value of your accomplishments in the quality arena. I urge you to include the collection of home health quality data from private pay patients so that Medicare beneficiaries continue to have access to the same high quality care as patients with private insurance. I would very much appreciate your response to my concerns by May 30, 2003.

Sincerely,

Charles E. Grassley  
Chairman